



South Coast Air Quality Management District

Form - M

Application for Manufacturer ID Number
 Rule 314 Rule 1143

Mail Application to:
 South Coast AQMD
 P.O. Box 4944 Diamond Bar,
 CA 91765

Tel: (909) 396-3385
www.aqmd.gov

Section A: Manufacturer Information

1. Manufacturer Name:

Section B: Corporate Address	Section C: Correspondence Address (If Different)
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2. Corporate Address:

Street Address

City State Zip Code

3. Correspondence Address:

Street Address

City State Zip Code

Section D:

4. AQMD Manufacturing Location Facility ID (if applicable): _____

Section E: Authorization/Signature of Responsible Party - I hereby certify that all information contained herein is true and correct. This signed form will serve as a written submission of an authorized representative by the responsible party, if applicable.

5. Signature of Responsible Party

7. Print Name

9. Phone Number (numbers only)

6. Title/Position

8. E-Mail Address

10. Date (mm/dd/yyyy)

Section F: Authorized Representation/Signature - I hereby certify that I am the Authorized Representative for this Manufacturer

11. Signature of Authorized Representative

13. Print Name

15. Phone Number (numbers only)

12. Title/Position

14. E-Mail Address

16. Date (mm/dd/yyyy)

17. Payment of \$211.00 is attached. **Note: no fee required for changes to Responsible Party or Authorized Representative.**

AQMD Use Only	Manufacturer ID	Check/Money Order #	Amount \$	Validation	Assignment Unit: L
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